

CANADIAN COUNCIL OF INDEPENDENT LABORATORIES		
High School Student Award Application Form		
	First / Middle Names	
	Phone Number	
Resident of Canada (yes / no)		
Grade	Year of Graduation	Student Number
	Name of CCIL Member Firm Parent Works For	
Provide a brief Discussion of Your Career Goals (attach separately if not enough space)		
Please Comment on Your Academic Excellence (attach separately if not enough space)		
Please comment on your demonstration of leadership through extra-curricular involvement		
or volunteer activities within your school or community. (attach separately if not enough space)		
Please provide separately an essay that is 200 – 500 words, on how this award will benefit		
the applicant in your continuous studies or career aspirations.		
	Grade Grade Grade Excellenc tion of le hool or c	Student Award Application Form First / Middle Names Phone Number Grade Year of Graduation Name of CCIL Member Fi Incer Goals (attach separately if not Excellence (attach separately if not tion of leadership through extra-cu hool or community. (attach separately if not



Additional Information Required:

- \Rightarrow Copy of your most recent transcript of marks.
- ⇒ Acknowledgement that the applicant has applied to a STEM Program (prior to award, a copy of the acceptance letter acknowledging acceptance in a STEM program from a Canadian College or University will be required by CCIL).
- \Rightarrow Letter of support / reference from a teacher.

I hereby declare that the above information and all the attachments to be correct to the best of my knowledge and authorize CCIL to verify the information presented. I plan to attend College / University in September 2021.

Signature:

Date: _____

If less than 18 years of age, a signature of the parent / guardian is required.

Please submit the required application information to <u>awards@ccil.com</u> before the deadline of September 30, 2021.